



## FOLLOW-UP APPOINTMENT FOR IMPACT

State Form 48894 (10-98) / IMP 0031

The information contained on this form is **CONFIDENTIAL** according to 470 IAC 1-2-7, 470 IAC 1-3-1, and 470 IAC 6-1-1.

Date

Case number

Social Security number

Dear \_\_\_\_\_:

An IMPACT appointment has been scheduled for you on \_\_\_\_\_, \_\_\_\_\_  
at \_\_\_\_\_ for an interview for the IMPACT program.  
Day Date  
Time

This meeting will be held at the following location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following activities will be done at this appointment:

- ☐ 1. A brief presentation of the IMPACT requirements and opportunities that can help you become self-sufficient.
- ☐ 2. A reassessment of your employability.
- ☐ 3. An update of your plan for employment and self-sufficiency will be developed.
- ☐ 4. Discuss your IMPACT responsibilities and participation.
- ☐ 5. Other: \_\_\_\_\_

You must come to this meeting or the household could lose TANF (*Temporary Assistance for Needy Families*), Medicaid and / or Food Stamp benefits. If you are unable to attend this appointment, please contact the IMPACT worker at the telephone number listed below prior to the appointment to discuss the reason.

Sincerely,

Telephone #:

IMPACT Worker